

1.

Name of Center's Sponsor: __

Sponsor must also complete a Sponsor of Center Application.

Center Name:_____

CHILD AND ADULT CARE FOOD PROGRAM

SPONSORED FACILITY APPLICATION

	Street Address:	(CITY	STATE	ZIP
	Mailing Address:			STATE	
	Telephone #:			STATE	
	Person in charge at Center:		Dat	e of Birth:	
2.	TYPE OF SPONSORED CENT	ΓER:			
	Child CareHead Sta	artAdult Day Care	Outsid	e School Hou	ırsFor-Profit
3.	LICENSED:Yes (Attach	copy of current license.)	No	•	
4.	OPERATING INFORMATION:				
	A. Hours of Operation: From	:To:	Shift	Care:	No
	B. Circle Operating Days for the	he Week: Mon Tue	Wed T	hur Fri S	at Sun
	C. List Dates of Non-Operation for periods of one (1) week or longer during which the CACFP will not				
	operate, (include spring or summer break):				
5.	MEALS PROVIDED ARE:	•			
	**Obtained through a **(Please request a Food Service Agre use. An agreement or contract is requ MEALS THAT WILL BE SE identify the meals that will be claimed.	Food Service Agreement we seement form from the MT CACFP dired and must be updated annually RVED AND CLAIMEI You may only claim up to 2 m	School or provide a y.) List the neals and 7	/Company/Cente copy of the curre e meals that will I snack or 1 me	ent agreement/contract in I be served and eal and 2 snacks
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